

Michigan Department of Community Health

*DRAFT Companion Guide for
NCPDP Telecommunication Standard Version D.0
and Batch Standard Version 1.2
Pharmacy Encounters*

Version Date March 14, 2011

Effective January 1, 2012

Michigan Department
of Community Health



msa
M E D I C A L
S E R V I C E S
A D M I N I S T R A T I O N

Table of Contents

Introduction	1
Transaction Description.....	2
Upload/Submission Notes for Pharmacy Encounters	2
Pharmacy Encounters Batch Header Transaction Standard Version 1.2 Companion Guide Rules.....	3
Pharmacy Encounters – Telecom Transaction Standard Version D.0 Companion Guide Rules	4
Pharmacy Encounters – Batch Trailer Transaction Standard Version 1.2.....	15
Revision Log	16

Introduction

This document is the property of the Michigan Department of Community Health (MDCH). The information contained in this document is for the use of Trading Partners engaging in electronic data interchange (EDI) health care transactions with the State of Michigan's Community Health Automated Medicaid Payment System (CHAMPS).

This document is intended as a companion to the National Council of Prescription Drug Programs (NCPDP) Telecommunication Standard Implementation Guide Version D.0, dated August 7, 2010. The NCPDP D.0 Implementation Guide can be downloaded from the NCPDP web site at http://www.ncdp.org/standards_purchase.aspx. Note that access to the Implementation guide requires an NCPDP membership.

This document provides MDCH-specific instructions regarding certain elements within the Implementation Guide but does not change, supersede, or add to the definitions, data conditions, or use of data elements or segments in the standard. This document provides MDCH rules regarding:

- Identifiers to use when a national standard has not been adopted
- Parameters in the Implementation Guide that provide options

In order to successfully submit NCPDP encounters to the CHAMPS system it is necessary to comply with the information contained in the MDCH Electronic Submission Manual Dated February 2009. Note that revision of the MDCH Electronic Submission Manual is expected during calendar year 2011. The most current version of this manual can be downloaded from the MDCH web site at the following location: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42545_42638---,00.html.

Transaction Description

NCPDP encounter transactions are used to report health care products and services for prescription drugs and certain durable medical equipment health care products covered by MDCH supported benefit programs.

Upload/Submission Notes for Pharmacy Encounters

The National Council for Prescription Drug Programs (NCPDP) Telecommunication Standard Version D.0 and Batch Standard Version 1.2 is comprised of several transaction types. MDCH requires Health Plans to submit pharmacy encounter information using the Billing (B1), Reversal (B2), and Re-Billing (B3) transaction types only.

Please refer to the MDCH Electronic Submission Manual for information regarding:

- Interaction with the MDCH's Data Exchange Gateway (DEG)
- Modes of submission (FTP versus Web submission)
- NCPDP Batch Version 1.2 Response transaction for Telecommunication Version D.0 Billing (B1), Reversal (B2), and Re-Billing (B3)

This document uses several text conventions to distinguish MDCH data elements from the Implementation Guide data elements. The following table lists the text conventions used in this document.

Convention used	Explanation
< >	Text included within < > describes what will be transmitted by MDCH. This could be the MDCH data element name or value, or, if blank, will display <spaces>.
" "	Text with " " around a value represents NCPDP Implementation Guide values.
()	The NCPDP Implementation Guide description of the value in quotes, described above, is provided parenthetically.

Pharmacy Encounters Batch Header Transaction Standard Version 1.2 Companion Guide Rules

Segment ID	Loop/Segment Name	Field ID	Field Name	Companion Guide Rule
	Batch Transaction Header			
00	Segment - Batch Transmission Header			A Batch Transmission Header is required for every batch submitted. Note: This is a fixed width.
00	Batch Transaction Header	880-K6	Transmission Type	"T" (Transaction)
00	Batch Transaction Header	880-K1	Sender ID	4-character DEG billing agent ID assigned by MDCH (left justified space filled).
00	Batch Transaction Header	806-5C	Batch Number	Use a unique health plan created batch identification number. Must match the Batch Number in the Batch Trailer.
00	Batch Transaction Header	102-A2	Version / Release Number	"12" (Version 1.2)
00	Batch Transaction Header	880-K7	Receiver ID	"D00111" for MDCH (left justified space filled).
G1	Segment - Batch Transaction Detail			A Batch Transaction Detail is required for every NCPDP D.0 record submitted within a batch. Note: This is fixed width.
G1	Batch Detail Record	880-K5	Transaction Reference Number	Use a unique health plan assigned transaction reference number.

Pharmacy Encounters – Telecom Transaction Standard Version D.0 Companion Guide Rules

Segment ID	Loop/Segment Name	Field ID	Field Name	Companion Guide Rule
TH	Segment - Transaction Header			This segment is required for B1, B2, and B3 transactions. Note: This is fixed width.
TH	Transaction Header	101-A1	BIN Number	"009737" for Michigan Medicaid.
TH	Transaction Header	102-A2	Version/Release Number	"D0" (Version D.0)
TH	Transaction Header	103-A3	Transaction Code	"B1" (Billing) "B2" (Reversal) "B3" (Re-Billing) All other transaction codes will be rejected.
TH	Transaction Header	104-A4	Processor Control Number	"P008009737" for Michigan Medicaid.
TH	Transaction Header	109-A9	Transaction Count	"1", "2", "3", or "4" for B1, B2 and B3 transaction types unless billing is for a multi-ingredient prescription, then use "1".
TH	Transaction Header	202-B2	Service Provider ID Qualifier	"01" (National Provider ID (NPI))
TH	Transaction Header	201-B1	Service Provider ID	10 digit National Provider ID (NPI) assigned to Pharmacy.

Segment ID	Loop/Segment Name	Field ID	Field Name	Companion Guide Rule
TH	Transaction Header	110-AK	Software Vendor / Certification ID	4-character DEG billing agent ID assigned by MDCH. Should match number reported in 880-K1 <Batch Transaction Header > Sender ID.
01	Segment - Patient			This segment is optional for B1 and B3. It is not used for B2 transactions.
04	Segment - Insurance			MDCH requires this segment for B1 and B3 transactions. It is optional for B2 transactions.
04	Insurance	302-C2	Cardholder ID	10-digit beneficiary ID number assigned by MDCH. MIChild enrollees use the 8-digit Client Identification Number (CIN) assigned by the enrollment broker.
04	Insurance	312-CC	Cardholder First Name	First name of the subscriber as it appears on the files of the health plan or other payer.
04	Insurance	313-CD	Cardholder Last Name	Last name of the subscriber as it appears on the files of the health plan or other payer.
04	Insurance	524-FO	Plan ID	"D00111" for MDCH.
04	Insurance	301-C1	Group ID	"MIMEDICAID" Michigan Medicaid "MICHILD" Children enrolled in the MICHILD program. "ABWI" Adult Benefit Waiver Phase I Program.
	Loop - B1 (Claim Billing)/B2 (Claim Reversal)/B3 (Claim Re-Bill)			

Segment ID	Loop/Segment Name	Field ID	Field Name	Companion Guide Rule
07	Segment - Claim			MDCH requires this segment for B1, B2 and B3 transactions
07	Claim	455-EM	Prescription / Service Reference Number Qualifier	"1" (Rx Billing)
07	Claim	402-D2	Prescription / Service Reference Number	Number assigned by the pharmacy for the dispensed drug/product.
07	Claim	436-E1	Product / Service ID Qualifier	"03" (NDC)
07	Claim	407-D7	Product / Service ID	11-character NDC unless billing compounds, then use "0".
07	Claim	442-E7	Quantity Dispensed	Use metric decimal units.
07	Claim	403-D3	Fill Number	"0" (Original Dispensing) "1-99" (Refill Number)
07	Claim	405-D5	Days Supply	MDCH requires this element.
07	Claim	406-D6	Compound Code	"1" (Not a Compound) "2" (Compound)

Segment ID	Loop/Segment Name	Field ID	Field Name	Companion Guide Rule
07	Claim	408-D8	Dispense as Written	"0" (No Product Selection Indicated) "1" (Substitution Not Allowed By Prescriber) "2" (Substitution Allowed – Patient Requested Product Dispensed) "3" (Substitution Allowed – Pharmacist Selected Product Dispensed) "4" (Substitution Allowed – Generic Drug Not in Stock) "5" (Substitution Allowed – Brand Drug Dispensed As Generic) "6" (Override) "7" (Substitution Not Allowed – Brand Drug Mandated By Law) "8" (Substitution Allowed – Generic Drug Not Available in Marketplace) "9" (Other)
07	Claim	414-DE	Date Prescription Written	MDCH requires this element.
07	Claim	415-DF	Number of Refills Authorized	MDCH requires this element.
07	Claim	420-DK	Submission Clarification Code	MDCH requires this element when clarification is needed for specific provider-level override conditions. Refer to the NCPDP Data Dictionary for override conditions and standard values.

Segment ID	Loop/Segment Name	Field ID	Field Name	Companion Guide Rule
07	Claim	308-C8	Other Coverage Code	"0" (Not Specified) "1" (No Other Coverage) "2" (Other Coverage Exists – Payment Collected) "3" (Other Coverage Exists – Claim Not Covered) "4" (Other Coverage Exists – Payment Not Collected) "8" (Claim is Billing for Co-pay)
07	Claim	429-DT	Special Packaging Indicator	MDCH requires this element when the pharmacy has repackaged a non-unit dose product. "3" (Pharmacy Unit Dose)
07	Claim	600-28	Unit of Measure	"EA" (Each) "GM" (Grams) "ML" (Milliliters)
07	Claim	418-DI	Level of Service	"0" (Not Specified) "1" (Patient Consultation) "2" (Home Delivery) "3" (Emergency) "4" (24-Hour Service) "5" (Patient Consultation Regarding Generic Product Selection) "6" (In Home Service)
07	Claim	461-EU	Prior Authorization Type Code	MDCH requires this element when needed to identify designated prior authorization or benefit/plan exemptions. Refer to the NCPDP Data Dictionary for standard prior authorization or benefit/plan exemption values.

Segment ID	Loop/Segment Name	Field ID	Field Name	Companion Guide Rule
02	Segment - Pharmacy Provider			MDCH requires this segment for B1 and B3. It is not used for B2 transactions.
02	Pharmacy Provider	465-EY	Provider ID Qualifier	"05" (National Provider Identifier (NPI)) "01" (Drug Enforcement Administration (DEA)) Pharmacists with no NPI
02	Pharmacy Provider	444-E9	Provider ID	10 digit National Provider ID (NPI) assigned to pharmacist. If the pharmacist does not have an NPI, report the pharmacist's DEA Number.
03	Segment - Prescriber			MDCH requires this segment for B1 and B3 transactions. It is not used for B2 transactions.
03	Prescriber	466-EZ	Prescriber ID Qualifier	"01" (National Provider Identifier (NPI)) "12" (Drug Enforcement Administration (DEA)) Providers with no NPI.
03	Prescriber	411-DB	Prescriber ID	10 digit National Provider ID (NPI) assigned to Prescriber. If the provider does not have an NPI, report the provider's DEA Number.
05	Segment - COB/Other Payments			This segment is required for B1 and B3 transactions. It is not used for B2 transactions. This segment can only be reported once per claim segment. Repeat the COB loop once for the health plan and once for each other payer. MDCH will accept a maximum of 3 other payers per encounter.

Segment ID	Loop/Segment Name	Field ID	Field Name	Companion Guide Rule
05	COB	337-4C	Coordination of Benefits / Other Payments Count	MDCH requires this element.
05	COB	338-5C	Other Payer Coverage Type	<p>"01" (Primary) "02" (Secondary) "03" (Tertiary)</p> <p>No other insurance, report the health plan coverage as "01".</p> <p>Other insurance coverage, report that coverage as "01" or "02", as appropriate, and health plan coverage with "02" or "03", as appropriate.</p>
05	COB	339-6C	Other Payer ID Qualifier	"99" (Other)
05	COB	340-7C	Other Payer ID	<p>Health plan, use the 9-digit Payer ID assigned by MDCH.</p> <p>For other payers, use the carrier code assigned by MDCH.</p>
05	COB	443-E8	Other Payer Date	Other Payer paid or denied date.
05	COB	341-HB	Other Payer Amount Paid Count	<p>MDCH requires this element.</p> <p>"1" or "2" according to the number of other payer amounts paid.</p>

Segment ID	Loop/Segment Name	Field ID	Field Name	Companion Guide Rule
05	COB	342-HC	Other Payer Amount Paid Qualifier	Health plans: "04" (Administrative) required for dispensing fee "07" (Drug Benefit) required for ingredient cost Use "05" (Incentive) for any other cost Third party payers: "07" (Drug Benefit) third party payer payment
05	COB	431-DV	Other Payer Amount Paid	Health Plans: Report the dispensing fee for the qualifier "04". Report the ingredient cost for the qualifier "07" Report any other cost for the qualifier "05" Third party payers: Report the total payment for the qualifier "07"
06	Segment - Worker's Compensation			This segment is optional for B1 and B3. It is not used for B2 transactions.
08	Segment - DUR/PPS			MDCH requires this segment to be sent for B1 and B3 transactions if there is DUR information. It is optional for B2 transactions.
08	DUR/PPS	473-7E	DUR/PPS Code Counter	MDCH requires this element. MDCH can accommodate a maximum of "9".
08	DUR/PPS	439-E4	Reason for Service Code	Use the appropriate values outlined in the NCPDP Data Dictionary to identify the type of utilization conflict detected or the reason for the pharmacist's professional services.

Segment ID	Loop/Segment Name	Field ID	Field Name	Companion Guide Rule
08	DUR/PPS	440-E5	Professional Service Code	Use the appropriate code values outlined in the NCPDP Data Dictionary to identify the pharmacist intervention when a conflict code has been identified or service rendered.
08	DUR/PPS	441-E6	Result of Service Code	Use the appropriate code values outlined in the NCPDP Data Dictionary to identify the action taken by the pharmacist in response to a conflict or the result of a pharmacist's professional service.
11	Segment - Pricing			MDCH requires this segment for B1 and B3 transactions. It is optional for B2 transactions.
11	Pricing	409-D9	Ingredient Cost Submitted	Use the ingredient cost submitted to the health plan by the pharmacy in over punch format.
11	Pricing	412-DC	Dispensing Fee Submitted	Use the dispensing fee submitted to the health plan by the pharmacy in over punch format.
11	Pricing	433-DX	Patient Paid Amount Submitted	Use the patient paid amount submitted to the health plan by the pharmacy in over punch format.
11	Pricing	438-E3	Incentive Amount Submitted	Use the incentive amount submitted to the health plan by the pharmacy in over punch format.
11	Pricing	426-DQ	Usual and Customary Charge	Use the pharmacy's usual and customary charge as submitted to the health plan.
11	Pricing	430-DU	Gross Amount Due	Use the gross amount due submitted to the health plan by the pharmacy in over punch format.
09	Segment - Coupon			This segment is optional for B1 and B3. It is not used for B2 transactions.

Segment ID	Loop/Segment Name	Field ID	Field Name	Companion Guide Rule
10	Segment - Compound			MDCH requires this segment for B1 and B3 transactions when a compound is being reported.
10	Compound	450-EF	Compound Dosage Form Description Code	Use the appropriate code values outlined in the NCPDP Data Dictionary to identify the dosage form of the complete compound mixture.
10	Compound	451-EG	Compound Dispensing Unit Form Indicator	"1" (Each) "2" (Grams) "3" (Milliliters)
10	Compound	447-EC	Compound Ingredient Component Count	Use the total count of the compound product IDs (active and inactive) in the compound mixture submitted.
10	Compound	488-RE	Compound Product ID Qualifier	"03" (NDC) for each compound product.
10	Compound	489-TE	Compound Product ID	For each compound product, use the 11-character NDC.
10	Compound	448-ED	Compound Ingredient Quantity	For each compound product, use amount of the product included in the compound mixture in metric decimal units.
10	Compound	449-EE	Compound Ingredient Drug Cost	For each compound product, use ingredient cost for product included in the compound mixture.
10	Compound	490-UE	Compound Ingredient Basis of Cost Determination	For each compound product, use the appropriate code value outlined in NCPDP Data Dictionary to identify the method by which the drug cost of an ingredient used in a compound was calculated.

Segment ID	Loop/Segment Name	Field ID	Field Name	Companion Guide Rule
13	Segment - Clinical			MDCH requires this segment to be sent for B1 and B3 transactions when diagnosis is required for designated drug coverage or otherwise available. It is not used for B2 transactions.
13	Clinical	492-WE	Diagnosis Code Qualifier	"01" (international Classification of Diseases (ICD-9))
13	Clinical	424-DO	Diagnosis Code	Use ICD-9 code including decimal points.
15	Segment - Additional Documentation			This segment is optional for B1 and B3. It is not used for B2 transactions.
16	Segment - Facility			This segment is optional for B1 and B3. It is not used for B2 transactions.
17	Segment - Narrative			This segment is optional for B1 and B3. It is not used for B2 transactions.

Pharmacy Encounters – Batch Trailer Transaction Standard Version 1.2

Segment ID	Loop/Segment Name	Field ID	Field Name	Companion Guide Rule
	Batch Transaction Trailer			
99	Segment - Batch Trailer			A Batch Trailer is required for all transaction types
99	Batch Trailer	806-5C	Batch Number	Use a unique health plan created batch identification number. Must match the Batch Number in the Batch Header.
99	Batch Trailer	751	Record Count	Include the total number of records in the batch, including the header and trailer records.

Revision Log

Version Date	Effective Date	Revision Description
March 14, 2011 (Draft)	January 1, 2012	This document replaces <i>Michigan Department Of Community Health Companion Guide for NCPDP Pharmacy Encounters Telecommunication Standard Version 5.1 And Batch Standard Version 1.1</i> dated April 7, 2009.